

FILED

FEB 06 2008

[Signature]
CLERK

UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH DAKOTA
____ DIVISION

FRANK ALLMAN,
Plaintiff,

CIV 08-4021

vs.

COMPLAINT

Department of Corrections
Defendant.

I. PREVIOUS LAWSUITS

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?
Yes () No ☒

B. If your answer to "A" is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county)

3. Docket number _____

4. Name of Judge to whom case was assigned _____

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit _____

7. Approximate date of disposition _____

II. PLACE OF PRESENT CONFINEMENT Mike Dwyer STATE PRISON

- A. Is there a prisoner grievance procedure in this institution? Yes ☒ No ()
- B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes ☒ No ()

C. If your answer is yes,

1. What steps did you take? Filed the grievance

2. What was the result? WAS told that I'm getting the help I need.

D. If your answer is no, explain why not _____

E. If there is no prison grievance procedure in the in the institution, did you complain to prison authorities? Yes () No ()

F. If you answer is yes,

1. What steps did you take? _____

2. What was the result? _____

III. PARTIES

In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of Plaintiff FRANK ALLMAN
Address 1412 Wood ST Signed and executed this

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and places of employment of any additional defendants.

B. Name of Defendant _____ who is employed as
_____ at _____
(2)

C. Additional Defendants _____

IV. STATE OF CLAIM

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet(s) if necessary.

I was being escorted to medical, when I slipped and fell twisting my left knee, pulling a muscle and pinching a nerve in my lower left back. I was being escorted by C.O.'s Rasheim and Safstrom when I fell. This was also witnessed by a kitchen worker Fred Johnson on May 25th of 2007. On July 24, 2007 I left my cell to go take a shower, I slipped and fell again injuring the same left side of my body at this time, which was witnessed by Robert Moreno and reported by C.O. Kella. The floor was mopped and no signs saying the floor was wet.

V. RELIEF

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I want something done about the constant pain and suffering I have endured and still am dealing with to this day, proper medical attention for said problems and a monetary payment for the problems I am now having as a result of this. I have extreme pain in my left leg, lower left back, muscle spasms, and I can hardly sleep because of the pain. It is also causing me problems with putting weight on my left leg while trying to walk, do physical therapy, or exercise my leg.

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Signed and executed this 5 day of February, ²⁰08 _____

Frank Allman
Signature of Plaintiff

(9/96)